



June 2005

Quality Assurance Report

Continuous learning and improvement to serve children and families better

This fourth semi-annual report on quality assurance at the D.C. Child and Family Services Agency (CFSA) highlights initiatives and information from the first half of 2005. It covers:

- New and ongoing **activities** to improve the quality of direct services to children and key administrative functions supporting that work.
- **Results** stemming from practice improvement initiatives, special projects, and ongoing quality assurance efforts throughout the agency.



Activities

Major Leaps Forward and Slow, Steady Progress

Placement Services Administration

During the past two years, experts have suggested that CFSA revamp and improve our structure and process for locating out-of-home placements for children who cannot be safe in their birth homes. In the fall of 2004, CFSA convened a workgroup to review our current placement structure, practices, and needs and to recommend improvements. The group made specific suggestions concerning placement functions and recommended consolidating several units involved in placing children into a centralized Placement Administration. CFSA implemented this recommendation earlier this year, including hiring a highly qualified and experienced administrator.

The new Placement Services Administration (PSA) combines placement functions from throughout the agency. Staff specialize in placing children across state lines under the Interstate Compact for Placement of Children (ICPC); traditional and therapeutic foster care, specialized foster care, kinship care, group care, and independent living services; teen placements; and gate keeping (one unit accepts agency-wide referrals for placement). The overarching goal of the new PSA is to match children with the placement that will best meet their needs.

Since March, PSA has established a 24/7 on-call system that gives social workers immediate access to PSA specialists who can efficiently manage after-hours and weekend

placements and placement disruptions. The PSA is also forging a stronger partnership with Intake & Investigations to obtain faster notification of potential emergency removals of children, providing the opportunity to begin locating placement options promptly.

Goals the new Administrator has set for PSA include:

- Cross-train staff (who previously specialized in particular types of placements) to meet the placement needs of any child or youth.
- Establish planned, predictable placements for children. Place them in the most appropriate, rather than the most available, setting the first time. Move from reactive to proactive.
- Manage a larger and more varied array of placement options to improve services to all children and youth, especially those with special needs.

Placing children in the least restrictive, most family-like setting that can meet their needs is a challenge for the PSA due to limited local options. The PSA has highlighted the need to develop placement resources for youth with criminal histories; teen mothers with more than one child; custodial teen fathers; gay, lesbian, bisexual, and transgender youth; teens in college who return to the District for holidays; children with chronic mental health issues; juvenile fire setters in need of therapeutic placement, youth coming out of residential programs, youth waiting to enter residential programs, juvenile sexual perpetrators, and youth in emergency situations.

Youth Development

Due to a past lack of focus on permanence for children throughout the District child welfare system, a large number of youth are growing up in foster care. Slightly more than half the District's foster care population is ages 12 to 21—over 1,500 young people. Of the 954 youth ages 15 to 21, 726 (76%) have a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA), a technical term for growing up in and aging out of foster care.¹ Some 214 will reach age 21 in the next 18 months and age out of the system.



CFSA Director Brenda Donald Walker has established a mission to ensure the agency and community do everything possible to prepare these young people for life on their own. Comprehensive reorganization and restructuring are underway in Youth Development with the goal of vastly improving the range and quality of services to youth before and after they age out of our care.

Last fall, CFSA began consolidating units serving youth from throughout the agency into the Office of Youth Development (OYD) and completed the first phase of this

¹ Figures as of April 30, 2005

reorganization in March. Meanwhile, CFSA launched a number of initiatives as first steps in restructuring, expanding, and improving services to youth.

Youth Advisory Committee: CFSA's Director established this group of local and national experts to assess our current array of services and develop a more comprehensive and strategic approach to improving outcomes for youth. We expect to receive their report of findings and recommendations in July.

Focus Groups: CFSA's Director convened and chaired a series of informative discussions with teen parents, youth in both the juvenile justice and child welfare systems, and other young people in foster care to hear their perspective on how to improve services.

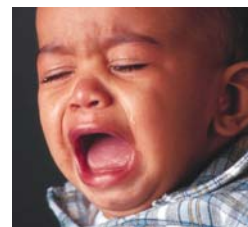
Benchmark Permanency Project: This Family Court initiative provides individualized support services to young people who remain in the child welfare system until age 21. Recently, Family Court convened a workgroup of social workers, attorneys, youth, and judicial officers to develop a 15-month mentoring program to improve outcomes for foster youth approaching age 21.

Youth Aftercare Project: CFSA and the Healthy Families/Thriving Communities Collaboratives are partnering to provide a community-based support network for youth aging out of foster care. The Collaboratives conduct community based meetings to hear the needs and concerns of youth before they age out and to develop plans for ensuring they are ready for a successful transition to adult independence. The Collaboratives then provide individualized housing assistance, work readiness and preparation, parenting support, and referrals to additional community-based services.

Overarching goals for "better parenting" through OYD include ensuring more foster youth earn a high school degree, gain work experience, master basic life skills, put off parenting, seek higher education or vocational training, and maintain connections with supportive people. CFSA plans to measure outcomes for youth three to six months after leaving the system and to offer community-based services, if necessary.

Intake and Investigations

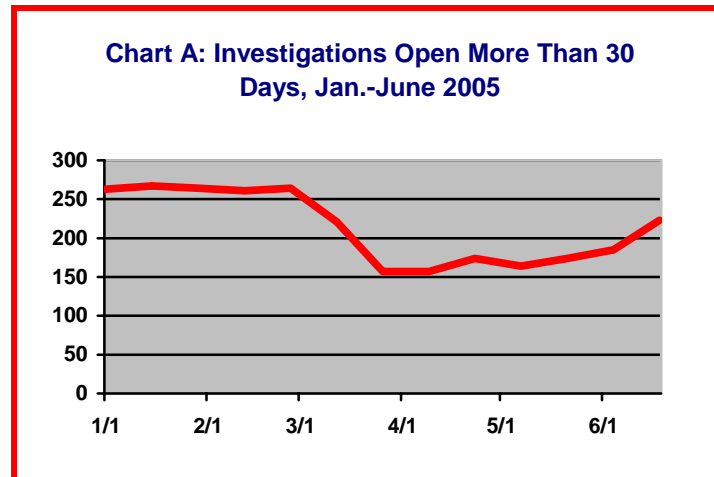
As the gateway to the public child protective system, Intake & Investigations (I&I) is a critical agency function. Since assuming responsibility for abuse as well as neglect investigations in 2001, I&I has encountered challenges that include hiring qualified staff, increasing the skills of existing hotline workers and investigators, settling on the optimum organizational structure for handling the workload, and completing investigations both thoroughly and promptly. The experienced I&I Administrator, who joined CFSA last fall, continues to implement initiatives to improve services at the initial contact point with the system.



Hotline: In May, I&I began requiring new hotline workers to have a master of social work (MSW) degree and previous experience in child welfare. Current employees without these qualifications are receiving training to align their capabilities with the new requirements.

I&I began developing a standardized tool to be used for screening all calls at the hotline. It will allow them to ask each caller a series of structured questions and then indicate the level of intervention required based on information provided. This new tool will help to standardize information collection and decisionmaking.

Investigations Pending Beyond Mandated Time Frames: CFSA is mandated to complete investigations within 30 days, and I&I continues to work to reduce the backlog still pending beyond that deadline. As Chart A shows, I&I had a backlog of 157 investigations as of March 26—a 40 percent decline from 263 at the start of the year. However, as of June 18, the backlog had climbed once again to 223.



Source: CFSA FACES

Initial Contact and Safety Assessment: CFSA is required to make initial contact with families within 24 hours of accepting a report of abuse or neglect for investigation. Making these contacts and completing the initial safety assessment in a timely manner has been a

**Table 1:
CFSA I&I Performance, March 16-April 30, 2005**

Indicator	Mar. 16-30	Apr. 1-15	Apr. 16-30
Total referrals investigated	137	183	192
24-hour contact completed	41%	50%	53%
24-hour contact attempted	34%	34%	22%
24-hour contact not completed/attempted	25%	16%	25%
Initial safety plan completed	25%	26%	30%

Source: CFSA FACES

challenge for I&I staff. Since mid-March, I&I has required supervisors to submit data on unit performance weekly, which allows continuous tracking of progress. Table 1 shows slow, steady progress in most areas. (Figures may represent some under-reporting since

investigators have 14 days to enter information into FACES.)

Investigations Initiated within 48 Hours: By June 30, 2005, the Implementation Plan requires that CFSA initiate 90 percent of investigations within 48 hours. CFSA performance is far short of this goal. As of April 2005, I&I initiated only 38 percent of

investigations within 48 hours, a decline from 47 percent in May 2004. However, I&I attempted to initiate or actually initiated 95 percent of investigations in April, a significant increase from 83 percent in May. “Attempt to initiate” means investigators tried but were unable to reach core contacts within 24 hours.

Staffings: I&I has begun participating in monthly meetings about families with four or more reports of abuse or neglect that currently have an open case within In-Home and Reunification to identify and address systemic issues.

Partnerships: During the past six months, I&I has renewed existing or completed new Memoranda of Understanding (MOUs) with:

- The Children’s Advocacy Center (CAC) and Metropolitan Police Department (MPD) to continue joint investigations.
- The United States Army regarding investigations of abuse and neglect on army bases in the District.
- The District of Columbia Public Schools regarding response to chronic truancy among youth.

In addition, I&I has combined the Special Abuse and Institutional Investigation Units, initiated joint training with MPD on child abuse and neglect, and granted MPD access to a portion of FACES so that police officers can input their investigative findings.

Information Systems

IS continues to implement the move of CFSA’s FACES case management system from a server- to a web-based platform to be known as FACES.net. In March, IS replaced desktop personal computers of investigative and ongoing social workers with laptops. When CFSA launches FACES.net early next year, investigators and social workers will be able to access FACES while in the field or at home, easing and speeding case-related data entry. A special FY04 Congressional appropriation is making this information systems upgrade possible.



Performance-Based Contracting

Aggressive implementation of child welfare reform in the District means all child-serving agencies must function as a performance-based system. In 2001, publication of regulations requiring licensing and monitoring of District-based, private-provider foster and group homes and independent living programs represented a major milestone in ensuring the quality of placement settings for children and teens. Now, CFSA is working to extend

performance requirements to outside providers through our contracts. Over a projected four-year period, which began in 2002, CFSA is seeking to:

- Reflect the District's child welfare reform philosophy, values, and requirements by negotiating new contracts with child-placing agencies, group home and independent living providers, and health-care providers. These contracts require more and higher quality services for children and families.
- Develop a basis for establishing fair, measurable performance standards and reasonable rates for a variety of placement settings and services.
- Establish contracts that include clear, measurable performance standards and offer financial incentives for outstanding achievement and penalties for failure to attain standards.

CFSA is currently working on implementing a liquidated damages clause, which is included as standard language in contracts with service providers. It will allow CFSA to reduce contract funding when providers do not achieve and maintain performance standards specified in their contracts.

Results

Strong Focus on Permanence and Quality

Over the past few months, mounting evidence indicates that:

- CFSA and the District's child welfare system as a whole are, for the first time, becoming committed to achieving prompt, lasting permanence for children
- CFSA capacity to innovate and achieve excellence is growing.
- Quality initiatives are providing CFSA and its stakeholders with more—and more valuable—insights and information than ever before.
- CFSA performance remains uneven, ranging from notable improvement to slow, steady progress to disturbing underachievement in various areas.



SACWIS: A Major Achievement

In January, the U.S. Department of Health and Human Services, Administration for Children and Families notified CFSA that our FACES automated child information system had achieved Federal approval as a State Administered Child Welfare Information System—or SACWIS. Our official approval designation is “*SACWIS Implemented-Assessment Process Complete with Approved Action Plans*”—a level of Federal approval only eight states out of 50 had earned at that time.

In 1994, Congress mandated that each state and the District of Columbia develop a SACWIS as the basis for reporting child welfare statistics periodically to DHHS. SACWIS approval means that DHHS considers our automated case management system to be sound and child welfare data we report to be highly reliable. This is a big help in maintaining the major Federal child welfare funding streams that make up a critical portion of CFSA’s annual budget.

Family Team Meetings: A Best Practice Underway

Early engagement of parents and their extended family and friends in deciding how to protect children, with the services and support they most want and need from professionals, is a best practice in child welfare. In 2004, CFSA spent many months preparing staff and other stakeholders for introduction of this state-of-the-art approach to the District. After a brief pilot in the fall of 2004, we implemented our unique local model of Family Team Meetings (FTMs) in January 2005. CFSA is coordinating and facilitating all FTMs centering on placement changes for children. The Columbia Heights-Shaw and Edgewood-Brookland Collaboratives coordinate many FTMs involving children removed from home or at risk of removal, and CFSA facilitates them.

Table 2 provides a statistical overview of FTMs from January 1 through June 2, 2005. Following are early indicators of how well CFSA is doing in implementing some of the core values of Family Team Meetings.

Engage Families: The majority of people participating in FTMs are family members—over 732 as of June 2, 2005. Participants in a single FTM have ranged from one to 40, with an average of 11 per meeting.

Table 2:
Overview of FTMs, Jan. 1-June 2, 2005

Total families referred for FTMs:	178
Total FTMs held:	171 (96%)
• Removal FTMs	141 (84% within 72 hours of referral*)
• Change-in-placement FTMs	24 (100% within 30 days of referral)
Total children involved:	326

* Remaining 16% were held later to accommodate family or case needs.
Source: CFSA Office of Clinical Practice

A promising early result is success in getting fathers, who are often not living with the child, to attend FTMs and take part in decisionmaking. As of June 2, fathers participated in 62 (36%) FTMs. Family supporters participating in FTMs have ranged from clergy and godparents to therapists and friends.

Build on Family Strengths: As of June 2, 75 (44%) FTMs had identified a relative or in-home placement for the children. So far, this has led from temporary to permanent foster care licensing of ten families providing kinship care.

Respect Families: As of April 19, 2005, 40 FTMs had taken place in the morning and 71 in the afternoon or evening to accommodate individual needs and ensure high family participation. In addition, CFSA has facilitated FTMs and provided FTM family plans in Spanish for eight families.

Over time, we expect that FTMs will play a significant role in reducing the number of children removed from home, placed in non-family foster care, and experiencing multiple placements.

Growing Commitment to Permanence

Termination of Parental Rights Project: In 1997, the Adoption and Safe Families Act (ASFA) moderated earlier Federal legislation requiring child protective systems to make reasonable efforts to keep families intact. ASFA requires states to move children quickly through foster care and into permanent homes with their parents, relatives, or adoptive families. It mandates that child welfare agencies and courts must terminate parental rights when a child has been in temporary custody of the state for at least 15 of the last 22 months, unless compelling reasons dictate a longer stay in foster care.

Due to an historic lack of focus on permanence in the District child welfare system and local judicial aversion to termination of parental rights (TPR), far too many children languished in the limbo of foster care for years—until recently. In 2004, CFSA identified all cases of children and youth who had been in foster care beyond ASFA time frames. We also established a system for spotting cases falling into ASFA non-compliant status. Early

**Table 3:
Progress in Reducing
ASFA Non-Compliant Cases,
March-May 2005**

Compelling reasons against TPR documented:	191 (46%)
TPR motion filed:	160 (51%)
Adoption petition filed, case proceeding:	45 (14%)
Guardianship petition filed, case proceeding:	9 (03%)
Case closed:	7 (02%)
Reunification with family:	6 (02%)

Total **418**

Source: Preliminary data from Office of the Attorney General for the District, May 16, 2005.

this year, a team of Assistant Attorneys General began collaborating with social workers to determine, one case at a time, whether to file a TPR motion or take other actions to achieve permanent homes for children. From March through May 2005, they held 345 joint staffings.

As of February 15, 2005, CFSA had 448 cases in the ASFA non-compliant “backlog.” Table 3 shows dramatic progress on 418 (93%) of these cases over the first three months of the TPR project.

Permanency Workgroup: In January, CFSA’s Deputy Director, Program Operations convened a workgroup to study current agency processes for moving children to permanence. The goal was to identify practice and systemic barriers to achieving permanence for children and youth. The workgroup met twice monthly for three months and reviewed actual cases with the goals of reunification, guardianship, adoption, APPLA,

and independent living. For each category, the group listed specific barriers in the areas of financial issues, practice/process changes, policy/protocol, FACES, data/evaluation, client feedback, court/legal issues, training, organizational structure, and resources/services and recommended actions to eliminate them.

Table 4 presents a selection of the group's many substantive findings and recommendations. The group will meet in August to establish implementation deadlines for priority tasks.

Table 4: Permanency Workgroup Selected Findings and Recommendations

Barriers	Action Plan
Information is not transferred as cases move into different administrations.	Complete social histories for children and parents beginning at inception of the case.
Youth have no tangible recollection of their experience or memorabilia while in foster care.	Complete life books for all children removed from their families.
Investigations are opened under mother's name regardless of who the legal guardian is at time of incident.	Find a way to designate legal guardian in addition to or instead of mother. In some instances, mother has no level of involvement or is deceased.
Reasonable efforts are not made to identify and engage fathers in the lives of youth.	Develop a policy/protocol/crib sheet on working with fathers. Include use of community resources that provide programs specifically for fathers.
When the permanency goal changes to adoption or guardianship, CFSA is still expected to provide reasonable efforts to the biological parents.	Add boilerplate language to court reports/orders that specifies CFSA is relieved of reasonable efforts. Ask for relief in open court when goal changes occur.
Vast majority of social worker time is spent stabilizing youth. Therefore, they are unable to work closely with parents to ensure progress on case plan goals.	A structural issue: family vs. child responsibility. Explore having a child placement worker and family worker on foster care cases. This should improve social worker ability to provide reasonable efforts to parents.

Performance Achievements and Challenges

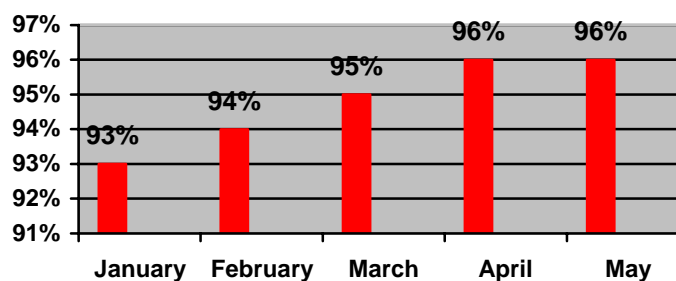
CFSA has just 18 months remaining to meet benchmark performance standards in the court-ordered Implementation Plan. We are approaching the three-quarter mark in the five-year plan that spans 2002 through 2006, with quantitative goals rising sharply and standards for quality continuing to expand. Although making steady progress in meeting some IP standards, CFSA is falling short in others. Following are six areas that illustrate the range from outstanding to insufficient performance.

Administrative Reviews:

ASFA requires an Administrative Review for every foster care case every six months to ensure children achieve permanence within mandated time frames. A year ago, CFSA was conducting timely Administrative Reviews for 78 percent of children in foster care. As Chart B shows, CFSA performance has climbed steadily to 96 percent to date.

**Chart B: Administrative Reviews
Conducted On Time, 2005**

(Source: CFSA FACES)



In February, the Administrative Review team began monitoring the progress of recommendations from FTMs, foster/adoptive parent recruitment staffings, and Individual Transition Independent Living Plans (ITILP) where applicable. In March, the team began determining whether to recommend a TPR motion for cases approaching or meeting ASFA time standards. They also started notifying family members who participate in FTMs of upcoming Administrative Reviews and encouraging them to attend. When a child has been the subject of an FTM, his/her Administrative Review centers on family progress in implementing their FTM plan. This is another step forward in making Administrative Reviews a meaningful forum for addressing safety and moving children to permanence promptly.

Training: Training Services issued training surveys and knowledge assessments to social worker participants in eight pre-service training sessions from April through December 2004. These documents capture knowledge, skills, and beliefs before and after training to indicate whether participants are learning and growing professionally.



In December, Training Services conducted a preliminary analysis of knowledge assessments for three pre-service training sessions.² Preliminary results for some topic areas showed that social worker participants scored:

- 90 percent or above, on average, in the topic areas of social work principles and values as well as worker well being. During two sessions, participants scored 90 percent or above, on average, in the topic areas of orientation to the agency.
- 70 percent to 89 percent, on average, in the topic areas of legal process and family dynamics with the father.³
- Below 70 percent, on average, in the topic areas of child welfare overview and risk and safety assessments.

Training Services continues to partner with Quality Improvement and Planning, Policy, and Program Support to analyze pre- and post-training surveys regularly. Results will identify topic areas that need further emphasis and training.

In cooperation with Information Systems, Training Services has developed an automated system to capture a complete training history for each employee. Training Services also continues to expand the range of in-service training sessions available to social workers, supervisors, and managers and to align training topics more closely with agency strategic goals.

² The preliminary analysis included limitations that could affect results. The knowledge assessment included some topic areas with only one or two questions, which may have skewed the results. Some participants were not required to attend each module, so that data for them may not have been included in the analysis. Based on the lessons learned from the preliminary results, more reliable and valid test items will be developed.

³ Participants in one session about legal process scored 90 percent or above, on average.

Adoptions: In FY04, CFSA finalized 412 adoptions, exceeding the goal of 360 by 114 percent. In the first seven months of FY05, CFSA finalized 179 adoptions—or nearly 50 percent of the FY05 goal of 400 adoptions. However, filing TPR motions within ASFA time frames will increase the number of children with the goal of adoption—and the need for continuous recruitment of more adoptive parents.

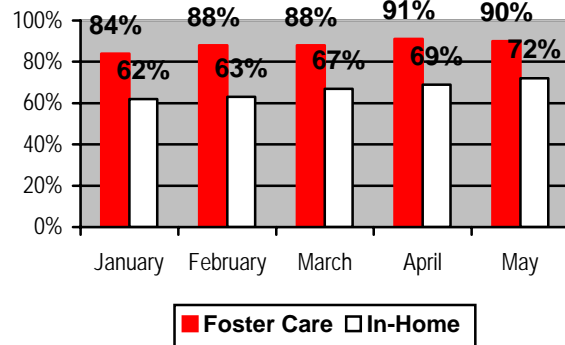
Placements: By June 30, 2005, the Implementation Plan requires:

- 75 percent of children in foster care to be placed with some or all of their siblings. As of April 30, 57 percent of current foster children met this criterion.
- No children under age 12 in congregate care for more than 30 days. As of April 30, CFSA had only 13 children in this category.
- No more than five percent of foster children experiencing three or more placements in the previous 12 months. As of April 30, 16 percent of foster children were in this category.

Case Plans: A case plan is the roadmap to services and progress for a family or foster child. The Implementation Plan requires social workers to:

- Develop an initial case plan within 30 days of a child's removal from home.
- Update the case plan to reflect changing needs or, at a minimum, every six months.

Chart C: Foster Care and In-Home Cases with Current Case Plans, 2005
(Source: CFSA FACES)



The Implementation Plan also requires CFSA to have current plans for 100 percent of both in-home and foster care cases by June 30, 2005. As Chart C illustrates, we are making steady progress, although development and maintenance of family case plans continue to fall far short of the goal.



Takea (Birthday: June 1991)

"Can we listen to music? Would you like a hug?"

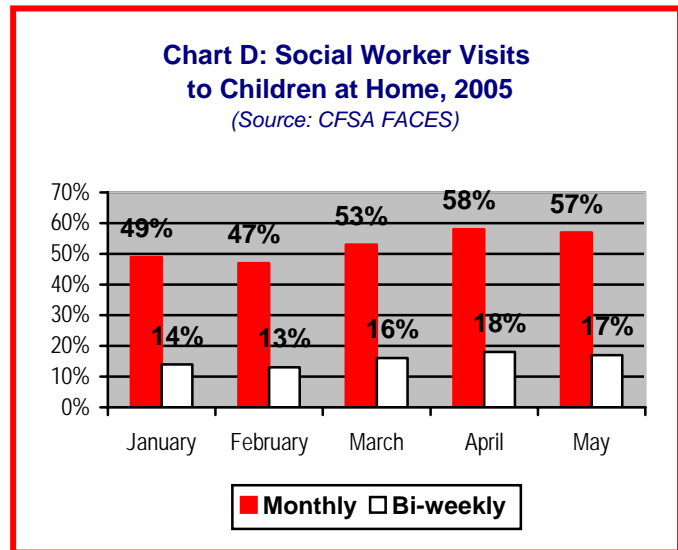
Takea, 14, has been in the District child welfare system since 1998 and dreams of being adopted by a family who, in her words, "will hug me a lot." This healthy teen likes to listen to gospel music, watch "Smallville" and "In the House," play basketball, and spend time with her friends. Her favorite color is blue. Takea is doing well in school, where her favorite subject is math. She even likes to eat vegetables, especially broccoli and carrots! Takea very much wants and needs a nurturing, permanent home. Wouldn't you enjoy guiding this wonderful young lady to adulthood? Please have a heart and give Takea a new start.

For information about adoption, call (202) 671-LOVE.

Home Visits: Regular visits to children are critical to ensure their safety and well being, especially on in-home cases. By June 30, 2005, the Implementation Plan requires social workers to visit:

- 90 percent of families and children at home monthly.
- 40 percent of families and children at home twice a month.

As Chart D shows, CFSA progress in this area is far too slow.



Quality: A Growing Body of Valuable Findings



Quality Service Reviews: CFSA has now institutionalized semi-annual Quality Service Reviews (QSRs) that allow us to go beyond quantitative data and determine how well we are serving District children and families on our caseload. While the Center for the Study of Social Policy continues to assist us in conducting the QSRs, our Quality Assurance Administration (QIA) assumes greater leadership with each round of reviews.

In November 2004, leading QSR consultants Human Systems and Outcomes worked with CFSA to create a QSR protocol especially for our agency. In March 2005, QIA conducted a pilot to test the new protocol and trained 10 CFSA staff to lead QSRs. Although the pilot was our third QSR, it was the first that CFSA organized without reliance on outside experts.

The QSR pilot focused on 11 cases and included 93 key stakeholder interviews over three days. We also conducted 11 focus and small group interviews with agency leaders, CFSA and private agency social workers and supervisors, foster parents, Assistant Attorneys General, a Family Court judge, Collaboratives, and teens to gather information on practice and system strengths and challenges.

Despite the small sample of cases in the pilot, we identified numerous significant themes. Table 5 provides a summary.

A group of CFSA senior staff met at the end of the pilot review to discuss the results and plan how to use them. They decided on the following actions.

- Identify QSR results to implement and how to do so.

- Develop a plan to use this process to benefit direct service supervisors and social workers.
- Develop a plan to use QSRs with and for providers.
- Develop a plan to integrate the QSR protocol into ongoing efforts to develop a practice model.
- Explore different options for communicating the case stories and results to as many people as possible.
- Explore different methods of conducting case story presentations and wrap-ups at the end of each review.

**Table 5:
Preliminary Summary of Themes Identified in Pilot QSR**

Strengths in Specific Cases	Challenges in Specific Cases	Themes from Focus Groups on Practice
<ul style="list-style-type: none"> • Adults have a passion to assist kids as capable, steady advocates • Children and youth are resilient and adaptive • Some caseworkers are stepping up and taking the lead in cases • Supportive families are assisting families in distress • Reduction in caseload assignments • New partnership with Department of Mental Health (DMH) to share resources in conducting QSRs 	<ul style="list-style-type: none"> • Lack of teamwork among service providers • Teens! Lack of practice model that works for all teens in our care • Limited assessments of children and parents – need for more comprehensive assessments • Lack of a shared long-term view in cases (what's the goal and how are we getting there) • Permanency is limited, due– in part – to the lack of a proactive "practice model" that focuses on permanency from the day a case opens • Confusion about who is the leader/coordinator in the case • Transitions are difficult and not always well-planned • Cases with issues related to addiction are very challenging • Episode-driven placements rather than planned placements that are expected to endure • Delays in services 	<ul style="list-style-type: none"> • Teen needs are not always met • High staff turnover has a negative effect on cases (turn-over equals start-over) • Frontline staff is composed of many very new social workers needing extensive supervisory support and guidance • Pressure to meet quantitative benchmark goals makes it difficult to focus on quality • Resources: units that back-up the frontline have performance issues that result in delays, restarts, limited options in case planning and services • Policy issues needing attention: truancy/educational neglect; advocacy for educational services; permanency for teens • Agency needs a practice model/framework • Supervisors need skill development for modeling, mentoring, coaching • Needed Resources: specialized assessments; evidence-based therapeutic services; expanded service array that provides flexible response and wrap-around support for families in crisis to avoid placement/movement of children • Performance Quality: timeliness of access/delivery of clinical/therapeutic services; quality/effectiveness of services

Source: CFSA Quality Service Review, March 2005

Corrective Action and Special Review Categories: CFSA has management reports showing all cases in the Corrective Action and Special Review categories, as defined in the Implementation Plan. (A complete list of these categories appeared in the December 2004 issue of this report.) Due to concerns about the accuracy of these reports, QIA worked with Information Systems to establish new reports for the following Special Review categories:

- Cases with four or more reports of neglect or abuse.

- Children who have had four or more different placements.
- Children with the goal of reunification for more than 24 months.
- Children with the goal of adoption for more than one year who are not yet placed in an adoptive home.

The new reports establish accurate baseline data for each category and provide a basis for developing strategies to remove children from these categories and prevent more children from entering them. QIA has summarized basic information from many of the categories. Following are sample summaries.

- **Category 1: Four or more reports of abuse or neglect**
As of May 2, 2005, 819 children and adults were in this category, with the fourth or most recent report during the last 12 months. The report logic is under revision to report children and exclude adults.
- **Category 2: Children with four or more different placements (excluding a return home)**
As of May 31, 2005, CFSA had 2,695 children in out-of-home care. A total of 132 (5%) had four or more placements in the last 12 months. Of these children, 104 had an Administrative Review in the last year, 120 had an Administrative Review scheduled, 19 had an FTM, and 22 had a staffing.
- **Category 3: Children with the goal of reunification for more than 24 months**
As of May 9, 2005, 54 children were in this category—29 with CFSA cases and 25 with private agency cases. The goal of reunification had been in place for 41 months, on average.

All children were current with Administrative Reviews. Of the 54 children, 14 (26%) had been the subject of a staffing, but none of the staffings took place within the last three months, and only two focused on the child's goal of reunification.

Child Fatality Review: Every child death is a tragedy. CFSA continues to conduct internal Child Fatality Reviews to learn all we can to reduce the number of preventable child deaths.

Table 6 presents basic information about 59 fatalities of children who had contact with CFSA between 1999 and 2004. These children represent 37 percent of the 159 children who died in the District in 2004.⁴

⁴ Preliminary figure from the Coordinator of the Child Fatality Review Committee (CFRC), May 18, 2005

The 26 homicides in 2004 of children with CFSA involvement represent a 136 percent increase over 2003. Nineteen of the 26 homicides (73%) were due to gunshots. Furthermore, the 26 homicides of children with CFSA involvement were 47 percent of the 55 child fatalities due to homicide in the District in 2004.⁵

Table 6: Children Involved with CFSA at Any Time Since 1999 Who Died in CY04					
Cause		Age		CFSA Involvement	
Violent homicide (not abuse)	21 (36%)	<2 years	18 (31%)	Closed case	25 (42%)
Natural Cause	13 (22%)	2-6 years	4 (07%)	Active case	22 (37%)
Pending	10 (17%)	7-12 years	7 (12%)	Investigation, unsubstantiated	12 (20%)
Accident	8 (14%)	13-16 years	13 (22%)		
Abuse homicide	5 (08%)	17+ years	17 (29%)		
Not determined	2 (03%)				
Total:	59	Total:	59	Total:	59
<i>Source: CFSA QIA and Office of the Chief Medical Examiner or CFRC as of May 18, 2005</i>					

Children two years of age and under had the highest number of fatalities according to age category. During 2004, 18 children in this cohort died.

A geographical review of the location of the homicides in the District revealed that Ward 8 had the highest number of homicides. The borders of Wards 5 and 6 were also dangerous territory. Seventy-four percent of the child homicides that took place in the District occurred near known crime hot spots. Ward 8 was also the home of 11 of the 33 children who died from a cause other than homicide. Historically, Ward 8 has a large number of families involved with the child protective system.

In 2004, CFSA's 39 internal child fatality review meetings resulted in recommendations for improving case practice, policy, training, and other areas. The following seven major themes arose repeatedly in the recommendations.

- As the first line of defense for abused and neglected children, investigations must be timely, thorough, and aggressive when necessary.
- Make regular, timely visits to in-home cases and "lead the charge" in ensuring family progress in reducing risk to children.
- Ensure services address child and family needs.
- Institutionalize use of tools to support objective decisionmaking at all critical case points, especially case closure.
- Clarify CFSA authority and where to draw the line between engaging parents and protecting children.

⁵ Preliminary figure of child fatalities due to homicides in the District from the CFRC Coordinator, May 18, 2005

- Continue to improve social worker pre-service training and ensure 100 percent attendance at mandatory in-service training.
- Document ALL investigative and case activity.

Health Services: CFSA continues to improve physical and mental health services for our children. From January through May 2005, Health Services scheduled 454 children to receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/Comprehensive Evaluations. During this same period, Health Services conducted 326 medical screenings of children alleged to be abused or neglected before initial placement and 626 before placement changes.

In the first six months of 2005, Health Services:

- Issued a contract to Healthy Families DC/Mary's Center to provide support services for pregnant teens.
- Developed an MOU with the District's Managed Care Organizations & Medical Assistance Administration (Medicaid) to bridge the health care coverage gap as children transition from parental to CFSA custody.
- Worked with the District's Department of Human Services, Office of Early Childhood Development/Early Intervention Program to evaluate and treat children ages 0 to 3 for developmental delays.
- Established an MOU with the Mental Retardation and Developmental Disabilities Administration (MRDDA) to ensure a smooth transition for CFSA youth into the MRDDA system at age 21.

Action Steps

Renew Commitment to Basic Performance Improvement

With the deadline for meeting Implementation Plan requirements moving ever closer, contrasts between outstanding and insufficient performance at CFSA are growing sharper. For example, we have implemented a unique local version of Family Team Meetings—a widely recognized **best practice** in child welfare—while failing to monitor all children at home regularly—a widely recognized **basic function** of child welfare.

In many areas, CFSA has come a very long way in a very short time. Notable recent achievements include:



- The growing focus on and success in achieving permanence for children throughout the local child welfare system due, in large part, to CFSA leadership.
- Much-needed attention to teens growing up in foster care.
- Meaningful dialog about and commitment to resolving the long-standing lack of diverse, quality placement options.
- Implementation and early success of Family Team Meetings.
- Continued improvements in and use of management information.
- Significant progress in establishing a practice model for the agency.
- Launch this month of a comprehensive employee reward and recognition program to aid retention.
- Continuing efforts to monitor and establish standards for provider performance.

At the same time, we see evidence of:

- Continuing performance shortfalls in key practice areas such as Intake & Investigations, case plans, and visits.
- Difficulty in solidifying improvements in administrative functions that provide the underlying infrastructure for good case practice.
- Insufficient attendance at mandatory training, despite continuing development of more quality offerings aligned with agency goals.
- Lack of attention to children in the Corrective Action and Special Review categories.
- Lack of commitment to act on the growing body of quality findings and recommendations flowing from state-of-the-art methods such as the Quality Service Reviews.

Over the next few weeks, the Quality Improvement Administration recommends that CFSA maintain performance gains while renewing commitment to performance improvement where it is most needed. Senior managers must take a hard, strategic look at areas where performance is lagging—notably, Intake & Investigations, case plans, visits, attendance at training, Corrective Action/Special Review categories, and use of quality information. Develop and implement solid strategies for rapid improvement. Assign clear responsibility, delegate authority, and hold designated people accountable for improvements at bi-weekly meetings until performance significantly improves. ■